

BIRDSALL (W. R.) *Author. Compliment*

OBSERVATIONS ON THE INSANE ASYLUMS
OF CALIFORNIA AND NEVADA

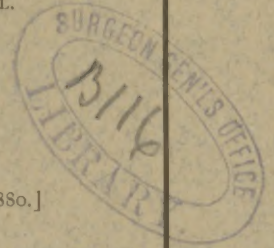
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MEDICINE

BY

By W. R. BIRDSALL, M. D.,

ASSISTANT PHYSICIAN TO THE MANHATTAN HOSPITAL.

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By W. R. BIRDSALL, M.D.*

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Recognizing that the movement inaugurated by this Society, in the direction of "lunacy reform," is one of national importance, and is not limited to the State in which the Society's work has, from necessity, been restricted, I believed that it would be of interest to present some facts in regard to the condition and management of certain institutions for the insane in other States, which I have recently had an opportunity of visiting.

If the statements which I shall make serve ever so little to strengthen the argument, that great and sweeping reforms are necessary in the management of the insane in this country, both in principle and in practice, and that this society has simply taken a step forward to hasten the evolution of this matter, which must of necessity result; and that it would be derelict in its duty to science and humanity if it retired from the position it has taken, then they will have served a useful purpose.

During the past winter I visited the two California asylums for the insane, at Napa and Stockton, also the Nevada asylum at the latter place, and through the courtesy of the superintendents and their associates was enabled, I think, to obtain as thorough a view of the institutions as a single visit would permit.

* Read before the New York Neurological Society, May 4, 1880.

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In the Napa Valley, a short distance from Napa City, on a tract of land embracing about two hundred acres, is situated the imposing edifice known as the Napa State Asylum for the Insane ; the whole completed by the State of California, at a cost of about a million and a quarter dollars. From an artistic point of view its architectural beauty is very fine, yet, as the trustees remark in their report for 1879, "While the asylum building is a magnificent structure, the beauty of which may well be admired, it is nevertheless true that it cost a great deal of money—so much that there has been considerable dissatisfaction at it on the part of tax-payers. The centre portion of this building was designed for, and is devoted to the residences of the families of the physicians, and is by far the most costly part."

As an example, I would state that the interior halls of this portion are elegantly decorated in gothic style, and profusely ornamented with Latin inscriptions, which are not only valuable on account of the wisdom they contain, but are costly, as they are beautifully cut in stone. The portico on the second floor above the main entrance evinces the philosophic tendencies of the designer, who has attempted an hieroglyphical exposition of the evolution doctrine. Here we find representations of various forms of life, "from Monad to Man," also cut in the carved stone columns and tablets of this structure. Nor are the State and national emblems wanting, for the California bear and the American eagle are also fossilized in large size, as figure-heads of the institution. We would not discourage art in this new country, where so little is to be found, but we would demand that utility, safety, and comfort be satisfied, before ornamentation has exhausted the treasury.

Whatever the architect knew about sculpture, the ancient classics, and modern theories of development, apparently he knew or cared less about sanitary measures relating to insane asylums. After erecting a building with four stories, basement, and attic—a radically defective plan to begin with—it was not until after the building was occupied, and a patient had jumped from an upper story window, that window guards of any description were sup-

plied. The Resident Physician, as the superintendent is called, has been obliged to knock off the fancy knobs of the doorhinges, which served no purpose except of ornament and as implements wherewith to hang oneself. The plumbing is somewhat defective. The wards were clean and orderly, also the patients' rooms, with two exceptions, where we found the patients locked in their rooms, and their excreta giving rise to a decided stench—one result of the system of locking patients in separate rooms with closed doors, and allowing the attendants to promenade the wards or to sit leisurely at their work. There are too many of these rooms in this asylum, a fact admitted by the Resident Physician. There is not one padded apartment for violent patients, and no rooms where suicidal patients could not find means of carrying out their intentions. All the rooms are well lighted. I was informed that many of these defects would probably have been avoided if medical men had had something more to say about its construction than they in reality were allowed. Is it not remarkable that a State which cannot afford to supply a sufficient number of physicians and attendants to care for its insane patients, can afford to place those they have in marble halls? Is it not strange that, after sending a commissioner to Europe to investigate asylums, his reports respecting the wants and faults of such buildings should have been disregarded in many of the most important particulars?

The intended capacity of the institution is 544 inmates; its full proper capacity is estimated by the Resident Physician at 628, and the actual number of patients at the time of my visit was 803. Even at the time of the last report, when but 714 patients were present, the condition is represented as "overcrowded," and it is stated that "of one hundred and sixty-five single rooms in the male wards, one hundred contain two patients each. In one instance already a patient has taken the life of his room-mate, and no man is wise enough to know when other calamities of a similar character may take place. There is a constant dread upon the minds of those who are held responsible for their proper care and comfort."

In the case referred to, the homicide, who was classed among the chronic insane, was confined with a patient whose prognosis was favorable. In the night he commenced an onslaught upon his companion, under the impression that he was killing bears. The door was locked, the attendants were sleeping peacefully in their beds, and the asylum left under the guardianship of two watchmen, who required from one-half to three-quarters of an hour to make their rounds. The interval was too long in this case to save the life of this man. This case illustrates three faults in this institution—overcrowding, improper classification, insufficient attendance.

Confining a patient who has some chance of recovery with an unfortunate wreck whose intellectual sun has set forever, is fraught with too many dangerous consequences to be permitted, particularly when eight hundred patients are left, virtually, without attendance during the night hours. In this institution idiots, epileptics, chronic and acute cases of insanity are mixed together, the only classification being made according to the degree of violence or untidiness. As no other place has been provided by the State for them, idiots are received, on protest, however, by the Resident Physician.

There are twenty-six wards in the institution, and fifty-two attendants; or two to each ward. They are presided over by a male, and a female supervisor, for the male and the female departments respectively. This gives an average of over seventeen patients to each attendant. Even in the "untidy wards" the average is about the same. Such an insufficient number thwarts at once any attempt to carry out a non-restraint treatment, and, as might be expected, restraint is used; though Dr. Wilkins, the Resident Physician, informed me that while he wished to do away with it, he was unable to do so entirely, on account of the insufficient number of attendants at his command. He called attention to this insufficiency in his last report. The implements for restraint, which I saw, consisted of straps, wristlets, the closed sleeves, and a straight backed large wooden chair, made fast to the floor, and having a wooden bar from one arm to the other

which locks the patient in. I saw but two or three of these. The implements I understand are used by the attendants when the physicians are not present, and no restraint record is kept. In one of the untidy wards my attention was called by Dr. Wilkins to a little idiot boy, who was walking rapidly up and down the ward with a strong man on each arm. One of these men, the Doctor informed me, was one of the most unmanageable patients in the ward, and was kept in restraint. This boy acquired the habit of rushing up to him whenever he became violent, taking him by the arm, and walking with him up and down the ward. He soon had him under perfect control, and now no restraint is needed. Recently he had taken a second violent case under his charge, with an equally successful result; and sometimes, as on this occasion, he could be seen with both of them under his guardianship.

When an idiot boy can do so much by perseverance, patience, and kindness, what ought we to expect from intelligent and humane attendants?

In speaking of attendants, the medical officer in his last report, states that he has been obliged to discharge some attendants on account of unkindness to patients, etc. And at the same time he refers to the responsibility and danger of the position, and to the scars his attendants have received from patients. Admitting the truth of his remarks, they should not furnish an excuse for lax discipline. On the contrary, they create the demand for constant watchfulness on the part of physicians and supervisors. As to the presence of scars, while they may not disappear under a non-restraint system, they are what we might expect when force is used to control patients.

The proportion of patients who are employed is quite small, on the admissions of the Resident Physician, who said that even in his efforts to employ the patients in improving the grounds, he had met with strong opposition from the workingmen's party, on the theory that the working classes should not be deprived of labor when there was work to be done on state institutions. Truly, the idea that employment is necessary to maintain, or to

recover health, has not yet taken very deep root among the masses !

In this large institution with over eight hundred patients, there are but three physicians, including the resident physician, who has, besides his medical duties, the management of a farm of about two hundred acres, the supervision of the building and the correction of its defects, the furnishing of supplies and many other perplexing duties. Think of a superintendent who must divide his mental labor between eight hundred patients, and the economical management of an institution to enable him to maintain the daily *per capita* expense at 44 $\frac{7}{8}$ cts. Think of each physician having two hundred and seventy patients to look after, with an average daily reception of one or two new patients (615 in 1879). You will all anticipate the reply to my question, "Do you accomplish any pathological work in the institution?" The answer was: "We have not sufficient time." And yet there were one hundred and four deaths during the last year. I do not mean to infer that no autopsies are made (on the contrary I was present at one at the time of my visit), but that no systematic examinations are made of the nerve centres. I received the same reply from one of the assistant physicians that there was no time for such work, nor even for proper study while so many patients were to be cared for. He was willing and anxious to pursue such studies, but neither the implements nor the time were at his disposal. Now is the time for this class of men to demand better opportunities for doing such work while the subject is undergoing agitation.

The resident physician receives three thousand dollars annually, and the two assistant physicians two thousand dollars each.

The asylum at Napa was built to relieve the overcrowding of the Stockton Asylum, which had been in operation for about twenty-eight years, and has had over one thousand patients at the end of each year for the past ten years. It still has about one thousand inmates. To quote from Superintendent Shurtleff's last annual report: "It is, though still crowded, filled principally with the class of patients called 'chronic or incurable.'" Again

he says, "to allow any considerable increase of the existing number in the present buildings would be a manifest wrong, and scarcely less than a culpable cruelty on the part of anybody who possesses the authority to prevent it."

The plan advised by both Dr. Shurtleff and Dr. Wilkins is the erection of plain, substantial buildings of a cheap character. The condition of certain buildings are referred to by the superintendent in the following language: "The one-story brick buildings, formerly called 'mad houses,' should be enlarged and improved so as to entirely change their character, or they should be taken down and abolished. They are disgracefully below any modern standard of accommodations even for the class of patients for whom they are designed." It did not require an extended observation to confirm the statement concerning overcrowding, and to add that there is a corresponding deficiency in the number of attendants—at least if a non-restraint system is to be carried into practice.

I found but few patients under restraint in the quiet wards, but in the untidy wards the proportion was quite large. As to the methods of restraint, I saw the leather wristlets, the waist-strap and loose strapping in bed. Judging from the number of these implements in actual use and the number in the store-room where men were at work repairing them, one would conclude that they constitute at present, or have constituted in the past, no insignificant place in the treatment of the insane in this institution. The Superintendent is opposed to the use of the crib. On asking him what he thought of the chair which I saw at the Napa Asylum, he replied that he found one when he came to the asylum, but ordered that it be split up for kindling wood. It is unfortunate that this good beginning could not have been continued, and that the other implements for this purpose were not added to the flames thus kindled, and their place supplied by kind and well-trained attendants.

The same dearth of pathological work, the same deficiency in medical officers—there being only two physicians besides the Superintendent—may be observed here that was seen at the Napa

Asylum ; although there are one hundred deaths a year, and over one thousand patients. Dr. Shurtleff informed me that he could employ a large number of patients if he had a sufficient number of attendants to look after them ; as it is, but little work of a systematic nature is accomplished.

The so-called Nevada Asylum is located at Stockton. It is an institution conducted by two physicians, who have a contract with the State of Nevada to take care of its insane patients. They also receive patients from certain territories where no asylums exist. The number confined here is usually about two hundred. The greater part of the patients belong to the chronic class. They represent to a large extent, a rough class of men ; the criminal class being also represented. It is fortunate that this is the case, for a more barren place than the large pen—the only airing court they possess—would be difficult to find in the great desert of their own state. Even the sage brush is absent. With the monotonous blue sky above, the high board wall and buildings about them in absolute idleness, could we have a more perfect extinguisher of the spark of cerebral activity that is left. While they are probably well fed, and are supplied with comfortable beds, mostly in large dormitories, the condition of those in the untidy wards was deplorable. The majority were under restraint by means of the waist strap, handcuffs, and large leather muf ; and those who were in solitary confinement were in poorly lighted pens, rough strong structures with heavy doors, locked with heavy padlock and chain. They were well supplied with air however. In one of these cells we found a poor wretch half clothed, his hands fast in a large muf, and a disgusting odor of human fæces pervading the apartment.

What a picture for American civilization at the close of the nineteenth century !

Evidently this institution is intended simply to keep these unfortunates from running at large, and probably æsthetic tendencies would produce but little effect upon the majority, but we cannot conceive of surroundings better calculated to annihilate the chances of recovery that some of the inmates possess, than are to

be found here. There is no classification except the separation of the male from the female patients, and the separation of the untidy and dangerous inmates from the others. In the female department, a few of the patients had some needlework, but the majority were in idleness. A few of the male patients assist in the necessary work within the building, otherwise no work is done by them I was informed. The physicians do not live at the institution, but according to the statement of the Supervisor, they visit the patients every day, and prescribe for them when it is necessary.

It will be seen from a review of my statements that these institutions are not lacking in many of the defects which have been pointed out in the asylums of our own State. These defects are in the main as follows :

(1.) There is overcrowding, which not only affects the health of the inmates directly, but prevents proper treatment and a proper classification.

(2.) We find an insufficient number of attendants for the safety of the patients, resulting in the consequent use of restraint not in harmony with a rational and humane mode of treatment ; also preventing the employment of patients as a therapeutical measure.

(3.) There is a qualitative deficiency in the attendants, from the fact that having been accustomed to methods of restraint, and to inefficient discipline, only a portion of them could be sufficiently reformed to carry out the less convenient, more difficult, free treatment.

(4.) The number of medical officers is so small as to prevent a proper examination and observation of the cases, and a proper supervision of the attendants by the physician—a very important point ; also rendering it impossible to prosecute studies in connection with their specialty, or to utilize the pathological material of the asylum for scientific purposes.

(5.) There is too much work for the superintendent outside of the duties directly connected with his profession, which leave him an insufficient amount of time in which to study his patients, in

which to perform, direct and review clinical and pathological work in the institution, and prevent his becoming a teacher to those who are associated with him.

(6.) There is an imperfect system of classification, in that the acute and chronic insane are not separated, and that there is no provision for idiots, epileptics or inebriates.

(7.) There is not sufficient employment for the patients as a remedial measure.

(8.) There are some defects and deficiencies in the buildings and grounds, affecting the health and safety of the inmates, one in particular being the absence of advantages for the employment of the patients.

These are some of the important imperfections, though not all. They have been presented to you so often, as applying to other institutions, that it seems almost needless to repeat them here. They are given, however, to show their application to the asylums of which we have spoken. Not only are these faults recognized by the advocates of lunacy reform in this body, but I have reason to believe from my conversations with the superintendents of the California asylums, and from their published statements, that they would also acknowledge, in the main, the truth of my assertions. The exact qualifications in this respect would require more time than is available on the occasion. I may say, however, that one superintendent informed me that, while he thought that non-restraint was correct in theory, it could not be carried out in practice in this country, on account of the expense. He did not want to fill his already crowded asylum with attendants; otherwise he was in favor of non-restraint. Dr. Wilkins, of the Napa asylum, pointed out to me at once many of the imperfections in this institution.

The Superintendents of both of the California asylums expressed themselves as hoping that some good would come from the agitation revived by this society. Dr. Wilkins was sent in 1870, by the State of California, as a commissioner, to visit the principal insane asylums of the United States and Europe. He visited forty-five in this country, and one hundred and four in

Europe. In his report much valuable statistical material is collected. One is surprised, however, to find in the Napa asylum so much that is in opposition to the views to which he gives his support in this work.

With due respect to these men, notwithstanding their acknowledgements, and at the same time without impugning their motives, while we recognize the difficulties under which they labor, we must confess that their efforts in the way of reform, concerning the majority of the points mentioned, appear rather lukewarm, if we may judge from the demands made upon the trustees in their published reports. If as much stress had been placed upon the necessity for more attendants, for more physicians, for instruments and books for the purposes of study, I am convinced that some of these defects would have stood forth less glaringly. There is a power behind the throne of an asylum superintendent in this case, as in many others, upon which the blame is cast, and this is a point which must not be overlooked.

As an example, and to make an exception to the above statement, we might mention that, notwithstanding the efforts on the part of Superintendent Shurtleff to induce the authorities to ameliorate the condition of overcrowding, and to correct the defective character of the buildings, the desired results have been dilatory in coming, and are still far from being realized. In some cases these defects are due to the niggardly action of the authorities, or their false economy; in others, to such unwise expenditures as the erection of a palace, in which the inmates are left unattended to slaughter themselves. Then again, the political machine so entirely controls many of our charitable institutions, that a superintendent who is not controlled by it, or is not one of its operators, must indeed be possessed of courage, vigilance and principle, to carry out the reforms demanded to-day by medical and social science, in which case he stands some chance of being decapitated.

It is to be hoped that there are other superintendents who will not only advocate reform, but will also show us that they can execute it. It remains to be seen who among their number will

be the fortunate pioneers in hastening this reform. He who is wise enough to see the drift of the current, and to trust himself to its force, will, I believe, be one of the first to demand the means to enable him to destroy many of the objections which have been mentioned. Continual effort in this direction will change public and professional opinion, and thereby develop a force that neither asylum superintendents, nor political rulers who control the disbursement of public moneys, will consider it advisable to oppose. Then, with an increase in the number of medical officers, if fair competition be allowed, there will be some chance for our hospitals for the acute insane becoming schools of psychiatry of a thorough character, to which now no claim is made, but which is as necessary as hospital training in other departments of medicine.

I believe that coöperation in favor of this movement is to be expected, from at least a portion of the medical officers of asylums in this country, when the severe terms, which from the nature of the subject were necessary, shall cease to carry the erroneous impression that personal motives are the only basis on which these efforts at reform rest.

Certainly those whose names and opinions I have used in this paper will not, I trust, consider my criticism as prompted from any other motives than the desire which I believe we hold in common, the advancement of our profession, and through it the amelioration of the misfortunes of that unfortunate class of our fellow beings, the insane.

I cannot refrain from closing this paper with a few paragraphs on the non-restraint treatment by my esteemed friend and former teacher, Doctor Theodore Meynert, who was the first in Vienna to carry out the free treatment of the insane. I have translated them from his official report for 1876.

“That part of the so-called psychical treatment, that is the non-restraint treatment which is considered the most important, avoids the irritation of the patients through ill-humor or otherwise. In consequence of which the antiquated method of over-awing by the physician must here pass entirely out of use. In

place of this convenient method appears a little more reflection concerning the individual patient before one. The casuistic enumeration of all the passable suspicious actions of the insane will be thus rendered unnecessary.

Who believes himself able to overawe men that fail to discriminate between each other ; who believes that convictions and impulses, developed in a morbid interior, can be changed and given up through force ; he is to-day, from a therapeutical standpoint, ignorant of his profession.

Who so deports himself as if he were the controller *over* the patient, never wins the influence over him that he does who proves every moment that he is there *for* the patient.

Who credits the patient with the mental activity to see in his controller his benefactor, he holds the lunatic for a sensible person, and deports himself, in consequence, undoubtedly otherwise than he expects from the patient.

The attendant's fist will certainly not come into use more frequently than through the patient's forced toilette.

To be, not unfrequently, an anvil for the patient but a hammer toward the attendant, is a double principle of the physician who desires to treat the insane without restraint.

To be in favor of the free treatment requires a special mode of thought, which stands in opposition to the old methods of psychiatry. This was experienced with difficulty by those physicians who had grown old in the latter methods, most of whom had already endorsed restraint in books or other writings, because a reform of their entire personality as physicians must follow.

In consequence of this prejudice against the non-restraint system, resulted the attempt to allow restraint to be insinuated under all sorts of masks with the avoidance of the jacket.

Herein wit may be developed, which alas, does not tend to enliven the patient.

In our clinic at the General Hospital the non-restraint system prevails, with the exception of the rare variation which surgical treatment requires."

Note.—Certain portions relating principally to statistics, have been omitted

ARCHIVES OF MEDICINE FOR 1880.

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Among *Original Articles* published in the first five numbers of the **Archives**, we may cite the following as possessed of general interest.

Supplementary Rectal Alimentation by Dr. A. H. SMITH; The Self-limitation of Phthisis by Dr. AUSTIN FLINT, Sr.; Fibroids of the Uterus by Dr. T. G. THOMAS; Phthisis Pulmonalis by Dr. J. R. LEAMING; The Pathological Anatomy of Tetanus by Dr. R. W. AMIDON; A Contribution to the Study of Cancer of the Rectum by Dr. L. A. STIMSON; The Use of the Actual Cautery in Medicine by the EDITOR; Diarrhœa, Enterocolitis and Cholera Infantum by Dr. J. L. TEED; Psycho-physiological Training of an Idiotic Hand by Dr. EDWARD SEGUIN; and Mr. DELAFIELD's series of Lessons upon Electricity.

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